

**SECTION 2- INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS**

**2.A. If you are an adult (age 18 or older), what are the disabling illnesses, injuries, or conditions that limit your ability to work? If you are a child (under age 18), what are the disabling illnesses, injuries, or conditions that limit your ability to do the same things as other children of the same age?**

**2.B. Has there been a change (for better or worse) in your illnesses, injuries, or conditions listed in SECTION 2.A., since the date of your last medical disability decision (see date on top right side of Page 1)?**

- ☐ YES (Describe specific changes below and give dates when these changes started.)  
☐ NO

**If you need more space, use SECTION 10 - REMARKS.**

**SECTION 3- INFORMATION ABOUT YOUR MEDICAL RECORDS**

**3.A. Within the last 12 months, have you seen a doctor/hospital/clinic or anyone else for your illnesses, injuries, or conditions?**

☐ YES ☐ NO

**Do you have a future appointment with a doctor/hospital/clinic or anyone else for your illnesses, injuries, or conditions?**

☐ YES ☐ NO

**3.B. Within the last 12 months, have you seen a doctor/hospital/clinic or anyone else for emotional or mental problems?**

☐ YES ☐ NO

**Do you have a future appointment with a doctor/hospital/clinic or anyone else for emotional or mental problems?**

☐ YES ☐ NO

**If you answered "No" to both 3.A. and 3.B., do not complete the rest of SECTION 3; skip to SECTION 4.**